

POSITION	ID NO.	DATE
CLASSIFIER	10	9-8-91
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	1/15/86 8/9/2 9/8/99 9/9/99
1	✓
2	✓
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15	✓
16	✓
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18	✓
19	✓
20	✓
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22	/
23	✓
24	✓
25	/
26	/
27	/
28	/
29	✓
30	✓
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32	✓
33	✓
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40	✓
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Canceled
*	Restricted
+	Non-elected
N	Interference
A	Appeal
O	Objected

Claim	Date
51	
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